

AFFIDAVIT OF AGRICULTURAL LAND LEASE

Arizona Dept. of Revenue

PURSUANT TO ARS 42-1615

Form 82917 (7/94)

Confidential When Completed

County _____

Agricultural Lease Affidavits must be filed by the owner/lessor with the ASSESSOR'S OFFICE in the county in which the leased land is located for all agricultural land leases or agreements to rent agricultural land for periods of 90 days or more. This form is to report the owner/lessor's annual net rent per acre and is to be filed on or before September 16th. The information is necessary to value agricultural property according to its use, utilizing the income approach to value as specified in ARS 42-141.A.5

NAME & ADDRESS OF OWNER/LESSOR (City, State, Zip)**NAME & ADDRESS OF TENANT (City, State, Zip)**

Phone No. _____

Phone No. _____

SITUS/PROPERTY LOCATION: _____**LEGAL DESCRIPTION (Parcel numbers may not be provided in lieu of a legal description.)** _____

Attach separate sheet if additional space is needed.

| | | | | | | | | | | | | | | |
|------|-----|--------|------------|-----|------|-----|--------|------------|-----|------|-----|--------|------------|-----|
| Book | Map | Parcel | Acres Used | PUC | Book | Map | Parcel | Acres Used | PUC | Book | Map | Parcel | Acres Used | PUC |
|------|-----|--------|------------|-----|------|-----|--------|------------|-----|------|-----|--------|------------|-----|

HOME SITE/FARM HEADQUARTERS: ☐ Homesite # Acres _____ Occupied by Landowner Yes ☐ No ☐ Farm Headquarters ☐**FIELD CROPS:** (include only information for this lease and circle appropriate number)

| | Crop Type | <u>WATER SOURCE</u> | |
|------------------------------------|-----------|---------------------------|------------------------------------|
| 1. Annual row crop (cotton, etc.) | _____ | 1. Ground Water | Annual Gross Rent \$ _____ |
| 2. Short term crop (lettuce, etc.) | _____ | 2. Surface Water | Number of Leased Acres _____ |
| 3. Long term crop (alfalfa, etc.) | _____ | Irrigation District _____ | Expenses Paid by Landlord \$ _____ |
| 4. Other _____ | _____ | Other _____ | Water Cost \$ _____ |

PERMANENT CROPS: (include only information for this lease and circle appropriate number)

| | Crop Type | <u>WATER SOURCE</u> | |
|---------------------------------|-----------|---------------------------|------------------------------------|
| 1. Fruits (citrus, apple, etc.) | _____ | 1. Ground Water | Annual Gross Rent \$ _____ |
| 2. Nuts (pecans, almonds, etc.) | _____ | 2. Surface Water | Number of Leased Acres _____ |
| 3. Grapes (wine, table) | _____ | Irrigation District _____ | Expenses Paid by Landlord \$ _____ |
| 4. Dates | _____ | Other _____ | Water Cost \$ _____ |
| 5. Jojoba | _____ | | |
| 6. Other _____ | _____ | | |

GRAZING LAND: (include only information for this lease and circle appropriate number)

| | <u>WATER SOURCE</u> | |
|----------------------|---------------------------|------------------------------------|
| 1. Natural Grazing | 1. Ground Water | Annual Gross Rent \$ _____ |
| 2. Natural Pasture | 2. Surface Water | Average Carrying Capacity _____ |
| 3. Irrigated Grazing | Irrigation District _____ | Number of Leased Acres _____ |
| 4. Irrigated Pasture | Other _____ | Expenses Paid by Landlord \$ _____ |
| 5. Other _____ | | Water Cost \$ _____ |

HIGH DENSITY: (include only information for this lease and circle appropriate number)

| | | |
|----------------------|--|------------------------------------|
| 1. Feedlot | | Annual Gross Rent \$ _____ |
| 2. Dairies | | Number of lease acres _____ |
| 3. Nurseries | | Expenses Paid by Landlord \$ _____ |
| 4. Cotton Processing | | Water Cost \$ _____ |
| 5. Grape Processing | | |
| 6. Other _____ | | |

CONDITIONS OF LEASE

The aforesigned being first sworn on oath, say this is true and correct statement of facts of the rental income of the above described agricultural land.

Length of Lease: _____

If relate, state relationship: (i.e. spouse, family member, etc.) _____

State of Arizona, County of _____

Other conditions (share crop, etc.) _____

Subscribed and Sworn To Before Me This _____ Day of _____ 199____.

I certify this a true Affidavit to the best of my knowledge.

My Commission Expires on _____ Day Of _____ 199____.

Knowingly falsifying this affidavit is a Class 2 misdemeanor pursuant to ARA 42-1615.

(Seal)

Signature of Owner/Lessor

Date

Notary Public